

FINAL PRE-SEPARATION CHECKLIST

1. Have you discussed your feelings on the deployment and your spouse's return? _____
2. Have the children been included in discussions on where you are going, when you are coming home, why you are leaving? _____
3. Have you reached an agreement on frequency of letter writing/phone calls? _____
4. Do you have current family snapshots? _____
5. Have you recorded your children's favorite bedtime stories/songs on cassettes? _____
6. Do both the deploying member and remaining parent or guardian understand what the Wing Family Support Center, Family Services, Air Force Aid Society, American Red Cross, Chaplain etc. can do for you and how to contact them? _____

Security

1. Has the home been given a security check? _____
2. Do all window locks work? _____
3. Do the windows open or are they painted shut? _____
4. Do all door locks work properly? _____
5. Do you have keys for all doors or combinations for all padlocks? _____
6. Does the smoke alarms function and do you know how to test them? _____
7. Are all emergency numbers posted where they can easily be referred? _____
8. Is there an appropriate message on the answering machine? (Having a male voice sometimes discourages crank phone calls) _____
9. Do you need to change your phone number to an unlisted number? (If so, make sure member's unit has this new number in case of emergencies) _____

Medical

1. Do you know and understand how to use the medical facilities, and do you know how to use TRICARE? _____
2. Do you know who your children's pediatrician is and what his/her phone number is? _____
3. Do you know your children's dentist/orthodontist and their schedule? _____
4. Is your family enrolled in DEERS? _____

Financial

(See Financial Matters Section for More Information)

1. Have you determined who will pay the bills? _____
2. Do you have a spending plan? _____
3. Do you both understand the spending plan? _____
4. Does your spending plan consider the following?

<input type="checkbox"/> Rent/Mortgage
<input type="checkbox"/> Utilities
<input type="checkbox"/> Food
<input type="checkbox"/> Automobile Maintenance
<input type="checkbox"/> Insurance
<input type="checkbox"/> Loan Payments
<input type="checkbox"/> Emergencies
<input type="checkbox"/> Long Distance Phone Calls
<input type="checkbox"/> Postage
<input type="checkbox"/> Telegrams
<input type="checkbox"/> Travel (Leave)
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Presents
<input type="checkbox"/> Savings _____

5. Has an allotment been established? _____
6. Will the allotment be in effect in time? _____
7. Is there a "backup" plan if the allotment is late? _____
8. Have you established two checking accounts? _____
9. Have you decided upon a procedure for income taxes? _____

Legal

1. Do you know spouse's social security number? _____
2. Have you provided for Power of Attorney? _____
3. Do you have current wills? _____
4. Have guardians for the children been named in the will? _____
5. Does everyone who qualifies have a government identification (ID) card? _____
6. Will any ID cards need renewing? _____
7. If ID needs renewing, has Form DD 1172 been completed? _____
8. Is military member's record of emergency data on record and current? _____
9. Do you know the process for moving your household goods? _____

Important Papers

1. Are the following important papers current and in an accessible safety deposit box?

<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Wills
<input type="checkbox"/> Insurance Policies
<input type="checkbox"/> Real Estate (Deeds, Titles, Mortgages, Leases)
<input type="checkbox"/> Bank Account Numbers
<input type="checkbox"/> Charge Account Numbers
<input type="checkbox"/> Savings Bonds
<input type="checkbox"/> Birth Certificates
<input type="checkbox"/> Marriage Certificates
<input type="checkbox"/> Naturalization Papers
<input type="checkbox"/> Citizenship Papers
<input type="checkbox"/> Family Social Security Numbers
<input type="checkbox"/> Inventory of Household Goods
<input type="checkbox"/> Car Title(s)

2. Do each of your family members have the following phone numbers?

<input type="checkbox"/> Police
<input type="checkbox"/> Fire
<input type="checkbox"/> Medical (Hospital/Doctor)
<input type="checkbox"/> Service Member's Contact Number
<input type="checkbox"/> Service Member's Unit in Local Area
<input type="checkbox"/> Spouses in Unit/Squadron
<input type="checkbox"/> Reliable Neighbors
<input type="checkbox"/> Relatives
<input type="checkbox"/> Children's School
<input type="checkbox"/> Spouse's Workplace
<input type="checkbox"/> Utilities
<input type="checkbox"/> Repair Shops
<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Wing Family Support Center

Household Maintenance

1. Do you know whom to call if something breaks? _____
2. Do you know how to operate the furnace? _____
3. Does the furnace have clean filters? _____
4. Does the furnace need periodic supplies of oil/gas? _____
5. Is the hot water heater operating properly? _____
6. Are any pipes or faucets leaking? _____
7. Toilets operate correctly? _____
8. All drains operate correctly? _____

9. Are the following appliances operating correctly?

<input type="checkbox"/> Stove
<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Freezer
<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Microwave
<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> Clothes Dryer
<input type="checkbox"/> Television
<input type="checkbox"/> Air Conditioner

10. Does everyone know where the fuse box is? _____

11. Are the switches of the fuse box labeled? _____

12. Are there extra fuses? _____

13. Is there adequate outside lighting? _____

14. Is there a list of repairpersons? _____

15. Are there tools in the house? _____

16. Is the lawn mower tuned? _____

17. Is there an adequate amount of firewood? _____

TIME CONVERSION CHART

(Keep this handy for when you get ready to call)

KOREA	JAPAN	HAWA	PST	MST	CST	EST	CMT	GRMN Y	IRAQ	THAIL	VIET
0100	0100	0600	0800	0900	1000	1100	1600	1700	1900	2300	2400
0200	0200	0700	0900	1000	1100	1200	1700	1800	2000	2400	0100
0300	0300	0800	1000	1100	1200	1300	1800	1900	2100	0100	0200
0400	0400	0900	1100	1200	1300	1400	1900	2000	2200	0200	0300
0500	0500	1000	1200	1300	1400	1500	2000	2100	2300	0300	0400
0600	0600	1100	1300	1400	1500	1600	2100	2200	2400	0400	0500
0700	0700	1200	1400	1500	1600	1700	2200	2300	0100	0500	0600
0800	0800	1300	1500	1600	1700	1800	2300	2400	0200	0600	0700
0900	0900	1400	1600	1700	1800	1900	2400	0100	0300	0700	0800
1000	1000	1500	1700	1800	1900	2000	0100	0200	0400	0800	0900
1100	1100	1600	1800	1900	2000	2100	0200	0300	0500	0900	1000
1200	1200	1700	1900	2000	2100	2200	0300	0400	0600	1000	1100
1300	1300	1800	2000	2100	2200	2300	0400	0500	0700	1100	1200
1400	1400	1900	2100	2200	2300	2400	0500	0600	0800	1200	1300
1500	1500	2000	2200	2300	2400	0100	0600	0700	0900	1300	1400
1600	1600	2100	2300	2400	0100	0200	0700	0800	1000	1400	1500
1700	1700	2200	2400	0100	0200	0300	0800	0900	1100	1500	1600
1800	1800	2300	0100	0200	0300	0400	0900	1000	1200	1600	1700
1900	1900	2400	0200	0300	0400	0500	1000	1100	1300	1700	1800
2000	2000	0100	0300	0400	0500	0600	1100	1200	1400	1800	1900
2100	2100	0200	0400	0500	0600	0700	1200	1300	1500	1900	2000
2200	2200	0300	0500	0600	0700	0800	1300	1400	1600	2000	2100
2300	2300	0400	0600	0700	0800	0900	1400	1500	1700	2100	2200
2400	2400	0500	0700	0800	0900	1000	1500	1600	1800	2200	2300